



THINK COLLEGE COORDINATING CENTER

Transition and Postsecondary Programs for Students with Intellectual Disabilities (TPSID) TPSID Evaluation System

STUDENT LEVEL EVALUATION TOOL

Public Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated at 1070 hours for the 53 program sites that will enter data, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit from the Higher Education Opportunities Act (HEOA) Amendments of 2008 (20 USC 1140f-1140i). Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20202-4536 or email icdocketmgr@ed.gov and reference the OMB Control Number 1840-NEW. Note: Please do not return the completed Program and Student data forms to this address.

STUDENT CORE DATA

SC1. Student's date of birth: mm/dd/yyyy

SC2. Student's gender.

- ☐ Male
- ☐ Female

SC3. What is this student's ethnicity? Choose one.

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

SC4. What is this person's race? Mark one or more races to indicate what this person considers himself/herself to be.

- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ This student's race is unknown



SC5. What disabilities does this student have? Check all that apply

- ☐ None of these disabilities
- ☐ Autism
- ☐ Deaf-blindness
- ☐ Deafness
- ☐ Developmental delay
- ☐ Emotional disturbance
- ☐ Hearing impairment
- ☐ Intellectual disability
- ☐ Multiple disabilities
- ☐ Orthopedic impairment
- ☐ Other health impairment
- ☐ Specific learning disability
- ☐ Speech or language impairment
- ☐ Traumatic brain injury
- ☐ Visual impairment, including blindness

SC5a. What documentation did you use to confirm that this student has an intellectual disability?

- ☐ Neuropsychological or psychological examination report
- ☐ Physician's documentation of disability
- ☐ Individualized Education Plan
- ☐ SSA Disability Determination
- ☐ Other (please specify: _____)

SC6. What types of benefits is this student receiving? Check all that apply.

- ☐ None
- ☐ SSI (Supplemental Security Income)
- ☐ SSDI (Social Security Disability Insurance)
- ☐ Unemployment Insurance
- ☐ TANF (Temporary Aid to Needy Families)
- ☐ Other (please specify: _____)
- ☐ Don't Know

SC7. What types of health insurance does this student have? Check all that apply.

- ☐ None
- ☐ Medicaid
- ☐ Medicare
- ☐ Private health insurance
- ☐ Student health insurance
- ☐ Other, please specify: _____
- ☐ Don't know



SC8. Which of the following best describes the curriculum and educational setting the student experienced in his/her high school prior to entry into the TPSID program? Check one.

- ☐ Fully included in general education curriculum in general education classes
- ☐ Partially included in general education curriculum with majority of classes in general education
- ☐ Student spent half of their time in general education and half of their time in special education
- ☐ Partially included in general education curriculum with majority of classes in special education
- ☐ Not included in general education curriculum or classes/only in special education classes (e.g., life skills)
- ☐ Don't know
- ☐ Other, specify: _____

SC9. What, if any, type of statewide assessment did this student take while in high school? Choose one.

- ☐ Regular with or without accommodations
- ☐ Alternate
- ☐ Waived
- ☐ None
- ☐ Don't know
- ☐ Other (Please specify: _____)

SC10. Was this student ever employed for pay at or above minimum wage prior to entry into the TPSID program? Choose one.

- ☐ Yes
- ☐ No
- ☐ Don't know

ACADEMIC STATUS

AS1. During this year did this student receive special education services via public school system under IDEA?

- ☐ Yes → *Skip to question AS3*
- ☐ No → *Go to question AS2*

AS2. What is the student's high school graduation status? Choose one.

- ☐ Received certificate of completion or attendance
- ☐ Received standard diploma
- ☐ Received modified or special diploma
- ☐ Received GED/high school equivalency certificate
- ☐ Dropped out
- ☐ Other (please specify: _____)



AS3. What was the student's enrollment status in the IHE over the course of the year? Check all that apply.

- ☐ Not enrolled
- ☐ Enrolled as a TPSID program student
- ☐ Enrolled as a special student
- ☐ Enrolled in a IHE recognized certificate program
- ☐ Enrolled as a degree-seeking student
- ☐ Enrolled as non-degree student
- ☐ Exited/graduated

AS4. What year of the TPSID program is the student in? Choose one.

- ☐ 1st year
- ☐ 2nd year
- ☐ 3rd year
- ☐ 4th year
- ☐ Beyond 4th year

AS5. Is this their final year in the TPSID program?

- ☐ Yes
- ☐ No
- ☐ Don't know

AS6. Is this student seeking the meaningful credential offered by TPSID?

- ☐ Yes → *Go to question AS7*
- ☐ No → *Skip to question AS8*
- ☐ We do not offer a meaningful credential at this time → *Skip to question AS8*

AS7. Is the student making satisfactory progress toward this credential?

- ☐ Yes
- ☐ No

AS8. Is this student seeking a degree or certificate offered by the IHE other than a credential offered by the TPSID?

- ☐ Yes → *Go to question AS9*
- ☐ No → *Skip to question AS10*

AS9. Is the student making satisfactory progress toward this degree or certificate?

- ☐ Yes
- ☐ No

AS10. How did this student register for courses this year? Check all that apply.

- ☐ The student used a typical registration process used by non-TPSID students
- ☐ The student used a typical registration process used by non-TPSID students with supports
- ☐ The student used a special registration process specifically for TPSID students



AS11. What accommodations did this student receive through the IHE's Disability Services Office (DSO) and/or the TPSID this year? Please check DSO, TPSID, or both for each accommodation received.

- ☐ This student did not receive any accommodations this year
- ☐ Laptop computer
- ☐ Note takers
- ☐ Reader
- ☐ Outline or notes from professor (if available)
- ☐ Tape recorded lecture
- ☐ FM Listening Device
- ☐ Priority seating
- ☐ Advanced receipt of syllabus and course handouts
- ☐ Interpreter
- ☐ Course materials in alternative format
- ☐ Textbooks on tape (RFBD or other)
- ☐ Kurzweil Reader or ereader
- ☐ Screen Reader/CCTV
- ☐ Screen Enlarger
- ☐ Other technology
- ☐ TextHELP: Read and Write software
- ☐ Scribes
- ☐ Spellchecker and grammar checker
- ☐ No penalty for spelling/grammar errors in spontaneous writing, except where spelling and grammar are an integral part of the course requirements
- ☐ Education coach or mentor
- ☐ Extended time for tests
- ☐ Academic support, counseling referral
- ☐ Modified course load
- ☐ Alternative test format or locations
- ☐ Modified course assignments
- ☐ Course substitute for "required" course
- ☐ Priority registration
- ☐ Early registration
- ☐ Other accommodation, please specify: _____

AS12. (TO BE ANSWERED AT THE END OF THE YEAR) Was this student able to access all of the courses they wanted to take this year?

- ☐ Yes
- ☐ No → Go to question AS13



AS13. Please explain why the student was not able to access all of the courses they wanted to take:

COURSE ENROLLMENTS

Please provide the following information for each course the student completed this year:

CO1. What is the Course Title:

CO2. Which of the following best describes this course?

- ☐ For-credit attended *only* by TPSID students
- ☐ For-credit attended by TPSID and non-TPSID students
- ☐ Non-credit attended *only* by TPSID students
- ☐ Non-credit attended by TPSID and non-TPSID students
- ☐ Continuing Education attended *only* by TPSID students
- ☐ Continuing Education attended by TPSID and non-TPSID students

CO3. What subjects are covered in this course? Check all that apply.

- ☐ Academic skills
- ☐ Career preparation instruction
- ☐ Life skills instruction
- ☐ Technology training/computer literacy
- ☐ Social skills training
- ☐ Community participation instruction
- ☐ Independent living instruction
- ☐ Travel training instruction
- ☐ Individual instruction or tutoring
- ☐ Other subject, please specify: _____

Please report the following information for each course a student is taking.

AC1. How is the student accessing this course? Choose one.

- ☐ Enrolled for credit
- ☐ Enrolled not for-credit
- ☐ Audit
- ☐ Unofficially attending the course/sitting in



AC2. Why is the student taking this course? Check all that apply.

- ☐ It is related to his/her career goals
- ☐ It is related to his/her personal interest
- ☐ It is required for TPSID credential
- ☐ It is required for their degree/certificate
- ☐ Other reason, please specify: _____

FINANCING EDUCATION

F1. Which of the following funding sources are used to pay tuition for TPSID students?
Check all that apply.

- ☐ Private pay (student and family)
- ☐ Scholarships
- ☐ State intellectual/developmental disability (IDD) services agency: state or local funds
- ☐ Local Education Agency
- ☐ Financial Aid (Pell grants, Supplemental Education Opportunity Grants)
- ☐ Private student loans
- ☐ Federal/State grant
- ☐ Foundation/Private grant
- ☐ State Vocational Rehabilitation agency funds
- ☐ G.I. Bill funds
- ☐ State IDD Services Agency: Medicaid Home and Community-Based Services (HCBS) Waiver funds
- ☐ Tuition Waivers via VR or Social Security
- ☐ National Service grants
- ☐ Work-study
- ☐ Social Security funds e.g. PASS plan
- ☐ Other funding source (please specify: _____)
- ☐ None of these sources are used to fund the students tuition



F2. Which of the following funding sources are used to pay for non-tuition expenses (*see note below) for TPSID students? Check all that apply.

- ☐ Private pay (student and family)
- ☐ Scholarships
- ☐ State intellectual/developmental disability (IDD) services agency: state or local funds
- ☐ Local Education Agency
- ☐ Financial Aid (Pell grants, Supplemental Education Opportunity Grants)
- ☐ Private student loans
- ☐ Federal/State grant
- ☐ Foundation/Private grant
- ☐ State Vocational Rehabilitation agency funds
- ☐ G.I. Bill funds
- ☐ State IDD Services Agency: Medicaid Home and Community-Based Services (HCBS) Waiver funds
- ☐ Tuition Waivers via VR or Social Security
- ☐ National Service grants
- ☐ Work-study
- ☐ Social Security funds e.g. PASS plan
- ☐ Other funding source (please specify: _____)
- ☐ None of these sources are used to fund the student's non-tuition expenses

CAREER DEVELOPMENT/EMPLOYMENT

CDE1. Which of the following unpaid/volunteer experiences did the student participate in this year? Check all that apply.

- ☐ This student did not participate in unpaid/volunteer experiences this year
- ☐ Service learning opportunities
- ☐ Unpaid internships (not for-credit)
- ☐ Unpaid internships (for-credit)
- ☐ Volunteering and/or Community service
- ☐ Unpaid individual work training sites
- ☐ Other unpaid/volunteer experience, please specify: _____)

Please report the following information for each *paid job* the student had this year.

JOB1. Please select the category that best describes this job:

- ☐ Individual paid job
- ☐ Federal work-study
- ☐ Paid internships (for-credit)
- ☐ Paid internships (non-credit)
- ☐ Group paid work (Enclave or mobile work crew)
- ☐ Individual work training sites paid by stipend (below minimum wage)
- ☐ Group work training sites paid by stipend (below minimum wage)



☐ Sheltered workshop

Name of the employer: _____ Student's Job Title at this job: _____

JOB2. Are there other employees in this workplace who have a disability?

- ☐ Yes
- ☐ No
- ☐ Don't know

JOB3. What is the student's hourly rate of pay at this job?

- ☐ Below minimum wage
- ☐ Minimum wage
- ☐ Above minimum wage

JOB4. How many hours per week on average does the student work in this job?

- ☐ Under 5 hours per week
- ☐ Between 5 and 10 hours per week
- ☐ Between 11 and 20 hours per week
- ☐ Between 21 and 30 hours per week
- ☐ Between 31 and 40 hours per week
- ☐ Over 40 hours per week

JOB5. What occupation does the individual's job fall in? Choose one.

- ☐ Management Occupations
- ☐ Business and Financial Operations Occupations
- ☐ Computer and Mathematical Occupations
- ☐ Architecture and Engineering Occupations
- ☐ Life, Physical, and Social Science Occupations
- ☐ Community and Social Services Occupations
- ☐ Legal Occupations
- ☐ Education, Training, and Library Occupations
- ☐ Arts, Design, Entertainment, Sports, and Media Occupations
- ☐ Healthcare Practitioners and Technical Occupations
- ☐ Healthcare Support Occupations
- ☐ Protective Service Occupations
- ☐ Food Preparation and Serving Related Occupations
- ☐ Building and Grounds Cleaning and Maintenance Occupations
- ☐ Personal Care and Service Occupations
- ☐ Sales and Related Occupations
- ☐ Office and Administrative Support Occupations
- ☐ Farming, Fishing, and Forestry Occupations
- ☐ Construction and Extraction Occupations
- ☐ Installation, Maintenance, and Repair Occupations
- ☐ Production Occupations



- ☐ Transportation and Material Moving Occupations
- ☐ Military Specific Occupations

JOB6. What benefits does the student receive at this job? Check all that apply.

- ☐ Paid vacation
- ☐ Paid sick time
- ☐ Paid holidays
- ☐ Health insurance
- ☐ Dental insurance
- ☐ Life insurance
- ☐ Vision insurance
- ☐ Compensatory time
- ☐ Overtime
- ☐ None

JOB7. What employment supports does the student receive at this job? Check all that apply.

- ☐ Personal Care Assistant → *Skip to question JOB9*
- ☐ Natural supports → *Skip to question JOB9*
- ☐ Off-site coaching/instruction → *Skip to question JOB9*
- ☐ Assistive technology → *Skip to question JOB9*
- ☐ Other support (please specify: _____) → *Skip to question JOB9*
- ☐ Job coaching → *Go to question JOB8*

JOB8. For what percentage of the time is a job coach present?

- ☐ 0-25% of the time
- ☐ 26-50% of the time
- ☐ 51-75% of the time
- ☐ 76-100% of the time

JOB9. How does this student get to their place of employment? Check all that apply.

- ☐ Walks
- ☐ Rides a bicycle, scooter, moped, or skateboard
- ☐ Drives self
- ☐ Friend assists
- ☐ Family member
- ☐ Public transportation
- ☐ LEA provided transport
- ☐ Para transit
- ☐ IHE transportation
- ☐ TPSID staff
- ☐ Taxi
- ☐ Other (please specify: _____)
- ☐ We do not know how this student gets to work



SOCIAL PARTICIPATION

SP1. To the best of your knowledge, what social activities does this student participate in? Check all that apply. For each activity you check, please offer a description of how the student participated.

- ☐ Going out with friends (*E.g.* movies, bars, parties, restaurants, etc.)
- ☐ Attend organized social event on campus (*E.g.* dances, movie screenings, residence hall events, performing arts, etc.)
- ☐ Participate in performing arts groups (*E.g.* Musical, Theater, Poetry slam, etc.)
- ☐ Attend open house of student clubs and organizations
- ☐ Greek system (fraternity/sorority)
- ☐ Attend sporting events
- ☐ Participate in sports
- ☐ Clubs
- ☐ Community service organizations
- ☐ Student religious organizations
- ☐ Student government
- ☐ Student political organizations
- ☐ Student diversity organizations
- ☐ Best Buddies (Peer friendship organization)
- ☐ Other social activity
- ☐ This student did not participate in any social activities this year

LIVING SITUATION

LS1. Where does this student live? Choose one.

- ☐ With Family → *Skip to question LS5*
- ☐ In a residence provided by or associated with the IHE or TPSID program → *Skip to question LS3*
- ☐ In another residence not provided by or associated with the IHE or TPSID program → *Go to question LS2, do not answer question LS3*

LS2. In which type of residence not provided by or associated with the IHE or TPSID program does the student live? Choose one.

- ☐ Independent - on his/her own
- ☐ Supervised apartment or supported living situation
- ☐ Group home
- ☐ Foster care/specialized home care
- ☐ Residential school
- ☐ Other (please specify: _____)



LS3. Which type of residence offered by or associated with IHE or TPSID program does the student live? Select one.

- ☐ Residence hall or section of a residence hall primarily for TPSID students
- ☐ Residence hall or section of a residence hall where the majority of residents are non-TPSID students
- ☐ On-campus apartments primarily for TPSID students
- ☐ On-campus apartments where the majority of residents are non-TPSID students
- ☐ Off-campus apartments primarily for TPSID students
- ☐ Off-campus apartments where the majority of residents are non-TPSID students
- ☐ Fraternity/sorority houses primarily for TPSID students
- ☐ Fraternity/sorority houses where the majority of residents are non-TPSID students
- ☐ Other (please specify: _____)

LS4. Which of the following residential supports does the student receive? Check all that apply.

- ☐ None
- ☐ Roommate/suitemate who receives compensation
- ☐ An uncompensated roommate/suitemate who provides supports
- ☐ Residential Assistant or Advisor who provides supports
- ☐ Continuous staff support
- ☐ Intermittent or on-call staff support
- ☐ Other support (please specify: _____)

LS5. How does this student get to class and campus activities? Check all that apply

- ☐ Walks
- ☐ Rides a bicycle, scooter, moped, or skateboard
- ☐ Drives self
- ☐ Friend assists
- ☐ Family member
- ☐ Public transportation
- ☐ LEA provided transport
- ☐ Para transit
- ☐ IHE transportation
- ☐ TPSID staff
- ☐ Taxi
- ☐ Other transportation (please specify: _____)
- ☐ We do not know how this student gets to campus